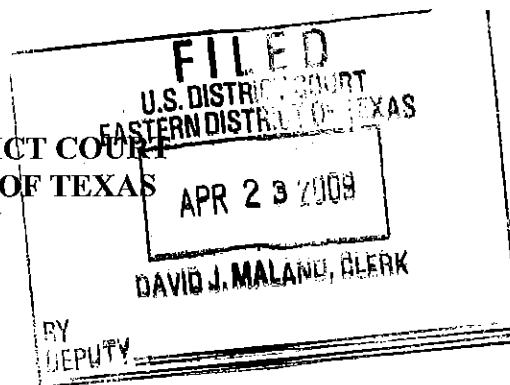


IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION



GUS LIVINGSTON ELLIOTT,

Plaintiff,

v.

MARK LINNELL and GREGORY J.
PRICKETT,

Defendants.

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Case No. 4:05-CV-344

VERDICT FORM

We the jury find as follows:

INTERROGATORY NO. 1

Do you find from a preponderance of the evidence that one or both of the defendants intentionally committed acts that violated the plaintiff's federal constitutional right not to be subjected to excessive or unreasonable force during an arrest?

Answer "Yes" or "No" in the spaces provided.

Answer: Defendant Linnell NO

Defendant Prickett NO

If you answered "Yes" to one or both parts of Interrogatory No. 1, then proceed to Interrogatory No. 2. Otherwise, proceed no further.

INTERROGATORY NO. 2

Do you find from a preponderance of the evidence that one or both of the defendants' acts were the proximate or legal cause of damages sustained by the plaintiff?

Answer "Yes" or "No" in the spaces provided.

Answer: Defendant Linnell _____

Defendant Prickett _____

If you answered Interrogatory No. 2 "Yes" for either or both defendants, then proceed to Interrogatory No. 3. Otherwise, proceed no further.

INTERROGATORY NO. 3

Do you find from a preponderance of the evidence that the plaintiff's claims for the excessive use of force are barred under the doctrine of qualified immunity as instructed by the court?

Answer "Yes" or "No" in the space provided.

Answer: _____

If you answered Interrogatory No. 3 "Yes," then proceed no further. Otherwise, proceed to Interrogatory No. 4.

INTERROGATORY NO. 4

What sum of money, if any, if paid now in cash, do you find by a preponderance of the evidence would fully and fairly compensate the plaintiff for the damages, if any, caused by the actions of Defendant Linnell and/or Defendant Prickett?

Answer in dollars and cents, if any.

- | | | |
|----|--|----------|
| A. | Past physical pain and suffering | \$ _____ |
| B. | Past mental anguish, emotional distress, outrage and embarrassment | \$ _____ |
| C. | Past medical expenses | \$ _____ |
| D. | Future medical expenses | \$ _____ |

Date: 4-23-09

Signed: 